2027 Open Enrollment Voluntary Benefits & FSA Application Instructions & Rates

WinCo Benefits administers a variety of voluntary benefits (see the tables below for our current offerings). Employees may also elect payroll deduction for several voluntary benefits that are not administered directly by the WinCo Benefits team. **For Open Enrollment elections, Voluntary coverage is effective 1/1/27; cancellations are effective 12/31/26.** Voluntary benefits are 100% employee-paid as after tax payroll deductions and continue until you cancel, with the exception of Flexible Spending, which is pre-tax and requires annual enrollment. For detailed information on voluntary benefits, visit http://benefits.wincofoods.com/voluntary-benefits/.

Incomplete applications are not processed; notification is mailed with a short deadline to correct.

The following benefits are administered directly by the WinCo Benefits team; enrollees use the attached enrollment form to enroll: **Do not turn in this sheet.**

Benefit Type	Vendor Information	Other Information You Should Know
Flexible Spending Accounts **Important Note: Dependent Care FSAs are for daycare, NOT child medical expenses.**	**Optum Financial**	**Deduction frequency: Every payroll.** For annual amount, multiply your bi-weekly amount by 26. Reductions, cancellations, or enrollments prior to the next OE are not allowed. Healthcare accounts: minimum annual amount = $100, maximum = $3,400. Unspent 2027 healthcare FSA balances under 20% (up to $680) are rolled to 2028; funds may be unavailable until May 1, 2028 or later. Dependent Care (DCAP) daycare accounts: no rollover provisions for DCAP accounts; for DCAP, the maximum is $7,500 ($3,750 married filing taxes separately).
Voluntary Group Term Life & Accidental Death & Dismemberment (Bundled)	**Sun Life**	**Deduction frequency: First payroll of month.** See website & page 2 for rates. OE is the only time you can enroll/modify this benefit. Benefit description: This benefit bundles Voluntary Term Life and AD&D; AD&D coverage amount mirrors the life coverage amount. **See rate sheet (next page) for cost information.**
Voluntary Accidental Death & Dismemberment (Stand-alone)	**Sun Life**	**Deduction frequency: First payroll of month.** See website & page 2 for rates. Benefit description: This is a stand-alone AD&D policy; unlike the policy in Section 3, this does not include a life insurance benefit. This can be purchased in addition to the policy in Section 3 for additional coverage in the event of an accidental death. **See rate sheet (next page) for cost information.**
Legal and/or Identity Theft Protection	**LegalShield**	**Deduction frequency: First payroll of month.** See website for details. OE is the only time you can enroll/modify this benefit. Cancellations prior to the next OE will not be allowed.

The following benefits are not administered directly by the WinCo Benefits team; enrollees must contact the vendor directly to enroll.

Pet Insurance	***Nationwide*** **Phone: 877-738-7874**	**Deduction frequency: Second payroll of month.** (See website for details). Enroll or make changes online (website below). Payroll deductions begin after enrollment. benefits.petinsurance.com/wincofoods
Auto & Home	***Liberty Mutual*** **Phone: 800-699-2489** ***Farmers*** **Phone: 800-438-6381**	**Deduction frequency: Every payroll.** Contact Liberty Mutual or Farmers to learn about their discount rates for auto and home insurance. Payroll deduction starts after enrollment. Contact vendors with changes. Liberty Mutual 1-800-699-2489 www.libertymutual.com/winco Farmers 1-800-438-6381 www.farmers.com/groupselect
Commuter	***Optum Financial*** **Phone: 877-292-4040**	**Deduction frequency: Every payroll.** Contact Optum Financial directly to learn more about the opportunity to pay for mass transit expenses or parking garage fees with pre-tax dollars (currently up to $340 monthly). Optum Financial 1-877-292-4040 www.optumfinancial.com

Rate Information - for calculation purposes only. Do not turn in this sheet.

A. Voluntary Term Life and AD&D Rates | Guaranteed Issue at Open Enrollment $20,000 – no underwriting required

		Monthly Rates per $10,000 of Coverage	
Employee	• Minimum coverage increment amount $10,000; maximum coverage amount the lessor of 10x annual salary or $500,000 maximum. • Enrollments/increases over $20,000 require evidence of insurability • Rates based on employee's age	Age	Employee/Spouse
		29 & Under	$ 1.03
		30 to 34	$ 1.15
Spouse PROOF OF RELATIONSHIP IS REQUIRED*	• Minimum coverage increment amount $10,000; maximum coverage amount the lesser of 100% of employee election or $250,000 maximum • Must have employee coverage to enroll in spouse coverage • Rates based on spouse's age	35 to 39	$ 1.38
		40 to 44	$ 1.72
		45 to 49	$ 2.53
		50 to 54	$ 4.02
		55 to 59	$ 5.98
Child(ren) PROOF OF RELATIONSHIP IS REQUIRED*	• Coverage amount of $10,000 • Must have employee coverage to enroll in child coverage • Dependent life is $3.34 per month for $10,000 of coverage regardless of the number of children covered. Children up to age 26 qualify.	60 to 64	$ 8.97
		65 to 69	$15.87
		70 to 74	$24.49
		75 & over	$37.66

Examples of monthly premium costs

Voluntary Life Employee & Spouse Rate Examples		Amount of Coverage			
	Age	**$ 10,000**	**$ 50,000**	**$ 100,000**	**$ 300,000**
	29 & Under	$ 1.03	$ 5.15	$ 10.30	$ 30.90
	30 - 34	$ 1.15	$ 5.75	$ 11.50	$ 34.50
	35 - 39	$ 1.38	$ 6.90	$ 13.80	$ 41.40
	40 - 44	$ 1.72	$ 8.60	$ 17.20	$ 51.60
	45 - 49	$ 2.53	$ 12.65	$ 25.30	$ 75.90
	50 - 54	$ 4.02	$ 20.10	$ 40.20	$ 120.60
	55 - 59	$ 5.98	$ 29.90	$ 59.80	$ 179.40
	60 - 64	$ 8.97	$ 44.85	$ 89.70	$ 269.10

B. Voluntary AD&D Rates

- Employee only coverage .35 per $10,000
- Family coverage .50 per $10,000
- Minimum coverage amount $25,000 and maximum coverage amount the lessor of 10x annual salary or $250,000 maximum

Examples of monthly cost:

Amount of Coverage		
Amount	**Employee Only**	**Family**
$ 25,000	$ 0.88	$ 1.25
$ 50,000	$ 1.75	$ 2.50
$ 75,000	$ 2.63	$ 3.75
$100,000	$ 3.50	$ 5.00
$125,000	$ 4.38	$ 6.25
$150,000	$ 5.25	$ 7.50
$175,000	$ 6.13	$ 8.75
$200,000	$ 7.00	$ 10.00
$225,000	$ 7.88	$ 11.25
$250,000	$ 8.75	$ 12.50

***PROOF OF RELATIONSHIP:**

SPOUSE - Legal, certified marriage certificate. Alternate document: souvenir marriage certificate.

CHILD - Official document with child's name, your name (parent), and date of birth: birth certificate, souvenir birth certificate, souvenir birth certificate, document issued by the hospital at time of birth (no discharge paper-work), or court documentation signed by a judge.

WinCo Benefits 2027 Open Enrollment (OE) Voluntary Benefits & FSA Application

WAYS TO RETURN THIS APPLICATION: Fax: 208-672-2025 (deadline: 11:59 MST 11/30/26) or US Mail: WinCo Holdings, PO Box 5756, Boise, ID 83705 (postmarked by 11/30/26). **E-mail or interoffice are not accepted.** Email benefits@wincofoods.com if you do not receive a confirmation e-mail from the Benefits team within three business days. If the deadline is missed, no coverage will take effect.

SECTION 1: ***Employee Information – Complete all fields***

Name (Last, First Middle)	6 Digit Employee ID	Email Address	Last 4 of SSN

SECTION 2: ***Flexible Spending Accounts (FSA), Section 125*** **Optum Financial (Deduction type: Every payroll)**

For annual amount, multiply your bi-weekly amount by 26. Reductions, cancellations, or enrollments prior to the next OE are not allowed.

Healthcare FSA: Min: $100; Max: $3,400	❑ Yes, sign me up for 2027	$	**per year**
Dependent "DAYCARE" (not medical) FSA: Min: $100; Max: $7,500	❑ Yes, sign me up for 2027	$	**per year**

SECTION 3: Voluntary Term Life & Accidental Death & Dismemberment (AD&D) **Sun Life** (Deduction type: First payroll of month)

See website & page 2 for rates. *see pg 2 for spouse & child proof of relationship information

EMPLOYEE COVERAGE Enrollments/increases over $20,000 require a health statement (due 12/31/26); this will be e-mailed to you. Employee coverage amounts must be in increments of $10,000 (minimum: $10,000; maximum: lesser of 10x annual salary or $500,000). **FILL IN COVERAGE AMOUNT DESIRED (ex: $150,000); NOT YOUR MONTHLY PAYMENT AMOUNT.**

Initial Enrollment: ❑ I elect to enroll in $_____ amount of voluntary term life & AD&D coverage.

Change: ❑ Please adjust my coverage to $_____. ❑ *Please cancel ALL my voluntary term life & AD&D coverag eand any spouse or dependent coverage effective 12/31/26.*

SPOUSE COVERAGE Employee coverage required; increments of $10,000, not to exceed employee's coverage amount or $250,000.

*Proof of Relationship Required **SPOUSE NAME:** **SPOUSE DATE OF BIRTH:** **SPOUSE SSN:**

Initial Enrollment: ❑ I elect to enroll in $_____ amount of voluntary term life & AD&D coverage.

Change: ❑ Please adjust spouse coverage to $_____. ❑ *Please cancel my spouse coverage only effective 12/31/26.*

CHILD(REN) COVERAGE *Proof of Relationship Required **YOUNGEST CHILD'S NAME:** **CHILD'S DATE OF BIRTH:** **CHILDS SSN:**

Initial Enrollment: ❑ I elect to enroll in $10,000 child life. ❑ *Please cancel my child coverage only effective 12/31/26.*

Section 4: ***Voluntary Accidental Death & Dismemberment*** **Sun Life** (Deduction frequency: First payroll of month)

See website & page 2 for rates. Maximum coverage = 10 x annual salary or $250,000, whichever is less; in increments of $25,000.

❑ Yes, enroll me in **employee only** coverage $_____ amount of coverage (minimum $25,000, maximum $250,000)

❑ Yes, enroll me in **employee + family** coverage $_____ amount of coverage (minimum $25,000, maximum $250,000)

❑ *Please cancel this benefit effective 12/31/26.*

Section 5: Legal and/or Identity Theft Protection **LegalShield** (Deduction frequency: First payroll of month)

(See website for details) OE is the only time you can enroll/modify this benefit. Cancellations prior to the next OE will not be allowed.

Coverage Type – Enrollment Section	Cancellation
Legal Protection – Please enroll me in:	
❑ **Family** coverage – $14.75 per month	❑ Please cancel effective 12/31/26.
Identity Theft Protection – Please enroll me in:	
❑ **Employee** only coverage – $6.95 per month	❑ Please cancel effective 12/31/26.
❑ **Family** coverage – $12.95 per month	❑ Please cancel effective 12/31/26.
Legal & Identity Theft Protection Combo – Please enroll me in:	
❑ **Employee** only coverage – $20.70 per month	❑ Please cancel effective 12/31/26.
❑ **Family** coverage – $25.80 per month	❑ Please cancel effective 12/31/26.

Statement Of Understanding

By signing this application, I represent that all my answers are complete and accurate, and I understand and agree to the following terms and conditions:

- If this application is approved, coverage for myself and any eligible family members named in this enrollment, will begin on the date assigned by WinCo Holdings, Inc.
- I understand these voluntary benefits are offered to provide employees access to discounted rates and payroll deduction. These benefits are not sponsored or endorsed by WinCo for purposes of Federal and State law. ERISA is not applicable.
- If I choose a coverage amount that is unavailable, I understand that my election will be reduced to the next available amount of coverage.

Signature:_____ (DO NOT TYPE YOUR SIGNATURE) Date:_____

For assistance, contact the Employee Benefits Department at benefits@wincofoods.com or at 800-341-6543, option 4.

Benefits will send an application received confirmation to the email you have on file within 3 business days. If you do not get an email from Benefits, please email benefits@wincofoods.com to confirm your application was received.

DO NOT RETURN YOUR APPLICATION BY EMAIL - SEE TOP OF PAGE FOR HOW TO RETURN COMPLETED FORM